FORM D



UNITED STATES RECEIVED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 DCV 2 0 2004

FORM D

NOTICE OF SALE OF SECURPTES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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Number 0005 00

OMB Number: 3235-0076 Expires: May 31, 2005

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SEC USE ONLY							
Prefix		Serial					
DATE RECEIVED							

Name of Offering (check if this is an amendment and name has changed, and indica	ate change.)
Series D Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION I	DATA
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.)
Grand Central Communications, Inc.	•
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
50 Fremont Street, 16 th Floor, San Francisco, CA 94105	(415) 344-3200
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Same	Same
Brief Description of Business	
Communications	
Type of Business Organization	hkacener -
	other (please specify):
□ business trust □ limited partnership, to be formed	nct 25 2004
Month Year	2
Actual or Estimated Date of Incorporation or Organization: 0 5 0 0	Actual Estimated THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbre	eviation for State:
CN for Canada; FN for other foreign juri	sdiction) DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner □ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) **Halsey Minor** Business or Residence Address (Number and Street, City, State, Zip Code) c/o Grand Central Communications, Inc., 50 Fremont Street, 16th Floor, San Francisco, CA 94105 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Marc Benioff Business or Residence Address (Number and Street, City, State, Zip Code) c/o Grand Central Communications, Inc., 50 Fremont Street, 16th Floor, San Francisco, CA 94105 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Richard Bergmann Business or Residence Address (Number and Street, City, State, Zip Code) c/o Grand Central Communications, Inc., 50 Fremont Street, 16th Floor, San Francisco, CA 94105 ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Randy Castleman Business or Residence Address (Number and Street, City, State, Zip Code) c/o Grand Central Communications, Inc., 50 Fremont Street, 16th Floor, San Francisco, CA 94105 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Tim O'Reilly Business or Residence Address (Number and Street, City, State, Zip Code) c/o Grand Central Communications, Inc., 50 Fremont Street, 16th Floor, San Francisco, CA 94105 ☐ Executive Officer Check Box(es) that Apply: Promoter ☐ Beneficial Owner □ Director General and/or Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer □ Director General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ■ Executive Officer ☐ Director ☐ General and/or ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Director ☐ Beneficial Owner ☐ Executive Officer General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer ☐ Director ☐ General and/or ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Director General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ Director ☐ Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	******* -			B. II	NFORMAT	TON ABO	UT OFFEI	RING				
Answer also in Appendix, Column 2, if filing under ULOE.											No ⊠	
2. What is	the minim	ım investm	ent that will	be accepte	d from any	individual?	••••••	• • • • • • • • • • • • • • • • • • • •				-
3. Does th	3. Does the offering permit joint ownership of a single unit?										No	
commis a persor states, l broker	ssion or sim n to be liste ist the nam or dealer, yo	ilar remune d is an asso e of the bro ou may set t	ration for so ciated perso bker or deal forth the inf	olicitation of on or agent er. If more	of purchaser of a broker than five (s in connector dealer response (5) persons	tion with sa egistered w to be listed	les of secur	ities in the and/or wit	offering. If h a state or		
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	aler		, i e da	***************************************			- 14 - 1			
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			•									
_	_				_	_			_			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
				Street, City	y, State, Zip	Code)						
								***************************************				. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
					-		_	[MA]	[MI]	[MN]	[MS]	
								[
Business o	r Residence	Address (N	Number and	Street, Cit	y, State, Zip	Code)					-v	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
Name of A	ssociated B	roker or De	ealer									
						rchasers						☐ All States
						[CT]	[DE]	[DC]	[FL]	[GA]	IHII	
		[NV]				[NY]	[NC]	[ND]	[OH]	[OK]		[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold \$0.00 **\$10,678,342.74** ☐ Common ☐ Series D Preferred Convertible Securities (including warrants).......\$0.00 \$0.00 Partnership Interests \$0.00 \$0.00 Other (Specify ____ \$0.00 Total \$10,678,342.74 \$10,678,342.74 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 10 \$10,678,342.74 Non-accredited Investors 0 \$0.00 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 Regulation A Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$50,000.00

\$50,000.00

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Printing and Engraving Costs

Legal Fees

Accounting Fees.....

Engineering Fees

Sales Commissions (specify finders' fees separately).....

Total

Other Expenses (identify)

_	C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AN	ID U	SE OF PROCEEI	os	
	b. Enter the difference between the aggregate o and total expenses furnished in response to Part C proceeds to the issuer."	C - Question 4.a. This difference is the "adjusted	gros	1 s		\$10,628,342.74
•	Indicate below the amount of the adjusted gross proof the purposes shown. If the amount for any purpose it left of the estimate. The total of the payments listed forth in response to Part C - Question 4.b above.	is not known, furnish an estimate and check the box	to th	e		
				Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees			\$0.00		\$0.00
	Purchase of real estate			\$0.00		<u>\$0.00</u>
	Purchase, rental or leasing and installation of	machinery and equipment		\$0.00		<u>\$0.00</u>
	Construction or leasing of plant buildings and	facilities		\$0.00		\$0.00
	Acquisition of other business (including the va offering that may be used in exchange for the					
	issuer pursuant to a merger)			\$0.00		\$0.00
	Repayment of indebtedness			\$0.00		
	Working capital			\$0.00	\boxtimes	\$10,628,342.74
	Other (specify):					
				\$0.00		\$0.00
	Column Totals			<u>\$0.00</u>	— ⊠	\$10,628,342.74
	Total Payments Listed (column totals added).				28,342	.74
		D. FEDERAL SIGNATURE				- ,
٠ ۱	ne issuer has duly caused this notice to be signed by		noti	ce is filed under Ri	ıle 505_t	he following
į	gnature constitutes an undertaking by the issuer to a formation furnished by the issuer to any non-accred	furnish to the U.S. Securities and Exchange Com	miss	ion, upon written r		
SS	suer (Print or Type)	Signatur		Date		
G	rand Central Communications, Inc.					
	ame of Signer (Print or Type)	Title of Signer (Print or Type)				
H	lalsey Minor	President and Chief Executive Officer				

ATTENTION

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Halsey Minor

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230	262 presently subject to any of the disqualification provisions of	such rule?	Yes	No ⊠			
	•	See Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby under (17 CFR 239.500) at such times as red	akes to furnish to any state administrator of any state in which turied by state law.	his notice is filed, a notice	on F	orm D			
3.	The undersigned issuer hereby under offerees.	akes to furnish to the state administrators, upon written request,	information furnished by	the is	suer to			
4.	Offering Exemption (ULOE) of the	t the issuer is familiar with the conditions that must be satisfied state in which this notice is filed and understands that the ising that these conditions have been satisfied.						
	suer has read this notification and know uthorized person.	vs the contents to be true and has duly caused this notice to be s	igned on its behalf by the	under	signed			
	(Print or Type) d Central Communications, Inc.	Signature Date						
Name	of Signer (Print or Type)	Title of Signer (Print or Type)						
Halse	y Minor	President and Chief Executive Officer						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1			3		4			5 Disquali			
	accre invest St	ion-	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		Type of investor and amount purchased in State					
State	Yes	No	Series D Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	_Yes	No		
AL											
AK									ļ		
AZ											
AR_			,			-					
CA		X	\$4,047,721.43	7	\$4,047,721.43	0	\$0.00		X		
CO		*1					·				
CT							·				
DE											
DC											
FL											
GA											
HI											
ID							·				
IL											
IN]							
IA											
KS		.,									
KY											
LA											
ME											
MD				, <u>.</u>							
MA											
MI							·				
MN											

MS					
МО					

APPENDIX

1	Intend to r accre inves	2 I to sell non-edited tors in ate I tem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1) Type of security and aggregate offering amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE(if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Series A Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT							entre en		
NE_	ļ								
NV	<u> </u>								
NH	<u> </u>								
NJ	ļ								
NM									
NY		X	\$50,000.000	1	\$50,000.000	0	\$0.00		Х
NC	<u> </u>								
ND	ļ <u>.</u> .				, <u>-</u>				
ОН									
OK									
OR			,						
PA									
RI					-				
SC			,						
SD								Į	
TN									
TX									
UT	_								
VT					<u> </u>				
VA	_	X	\$6,580,621.31	2	\$6,580,621.31	0	\$0.00		Х
WA									
WV									
WI	-								
WY									